Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	Date:	2/23/2014	Address:	400 Block S. Mulburry	
	Incident#;	14ISPC001457		Kokomo, IN	
	County:	Howard		46901	
	Type of Labo	oratory Scizure (check one)	Seizure Location (cheek all that apply)		
	Operations Chemical/ Dumpsite	Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
	Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s): suspects coat pocket				
Red Phosphorous/Iodine Reaction(s): Hydrochloric Acid Gas Generator(s):					
☐ Anhydrous Ammonia: ☐ Corrosive Acid: back pack					
		Base: back pack	•		
		and location):			
		hicle Information:			
		nation:			
	Owner: VIN:		Make:		
	Year;		Model:		
	Yes No Children not visit often	(check appropriate) (number present) present but evidence they reside	 uncleanEstimated lengthoccurring:Additional Info	rmation:	
This report has been faxed* or emailed to the following agencies that serve the location:					
F I	ire Department lealth Departm	l City, Township or County <u>Kokomo</u> ent County: <u>Howard Co.</u> Child Services Hotline: <u>deshotlinerepo</u>	FD Fax: fi	redept@cityofkokomo.or	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Mike Lorona Phone 765-473-6666					

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.